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APPLICANTS

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** CONTINUING DATA *****
 NA OD

** FOREIGN APPLICATIONS *****
 NA OD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]	STATE OR COUNTRY NY	SHEETS DRAWING 9	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 3
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 27074
 OLIFF & BERRIDGE, PLC.
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TITLE
 Systems and methods for compensating for streaks in images

FILING FEE RECEIVED 1148	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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